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FE7AN014

**FEC** FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2015 FEB -2 PM 12: 18

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1.	NAME ( COMMI	OF TTEE (in full)	TYPE	OR PI	RINT ▼		ample: If typer the lines.	oing, type	12F	E4M:	5 6			
Towards A Greener America PAC														]
ADDRESS (number and street) 131 West 35th Street														];
Г	Che	eck if different	بگا	th	FL						444		<u> </u>	J
<u>.</u>		n previously orted. (ACC)	(AB)	***	Nei	N Ya	viR	لـــــا	MY	] [	1000	<u>'_</u>	111	ا
2.	FEC ID	ENTIFICATIO	N NUMBE	ER ▼		CITY			STATE	<b>_</b>	7	ZIP COD	E 🛦	_
	CU	0.523	118	3		3. IS THIS REPORT		NÉW (N) OR		AM (A)	ENDED			
4.	TYPE OF REPORT (b) Monthly (Choose One) Report					Feb 20 (M2)	. 0	May 20 (M5		Aug 2	20 (M8)	ا لنا	Nov 20 (M1 (Non-Election Year Only)	1)
	(a) Qua	arterly Reports:		Due (	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 2	20 (M9)		Dec 20 (M1 (Non-Election Year Only)	2)
		April 15	Ì			Apr 20 (M4)	П	Jul 20 (M7)		Oct 2	0 (M10)	1	Jan 31 (YE	
	H	Quarterly Rep	ort (Q1)		12-Day		Primary (1	2P)	G	eneral (	12G)		Runoff (12R	,
	H	Quarterly Rep	ort (Q2)		PRE-Election Report for t		Convention	(12C)	s	pecial (1	12S)			
	L	Quarterly Repo	ort (Q3)				New	/ D D /	484	7 7 7	Į	in the		1
		Year-End Rep	` '			Election on			ــــــــــــــــــــــــــــــــــــــ	- Canada		State of	L	
	L	Report (Non-e Year Only) (M	lection		30-Day <b>POST</b> -Elect Report for t		General (3	0G)	R	unoff (3	0R)		Special (309	•)
		Termination Rep (TER)	eport		·	Election on	Man	/ B x D /	7 7 7		1	in the State of		
5.	Covering	g Period	10'	δĴ	1 30	J'Y	through			9 ′	20	CY	·	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.														
Тур	oe or Prin	t Name of Trea	asurer	٣	), Ku	steg 1	lorgi	an_	•	•				,
Sig	nature of	Treasurer	. (	) d	Baile	y Mo	rgan	<u>)                                    </u>	Date	Ö	′ 📆	9/E	20 K	Ī
NO	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109													
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